

MONO COUNTY
SOLID WASTE FACILITY PERMIT

NAME OF FACILITY Benton PAGE 1 OF 3
OPERATOR OF FACILITY Mono County Road Department APPROVALS
PERMIT NO. 26-AA-006 DPW _____
HEALTH _____
SSWMB 7/14/78

Findings

1. This facility is an existing 10 acre Class 2 sanitary landfill; site life is expected to be 67 years. The trench method of operation is utilized. The facility is located at NW 1/4, NW 1/4, SE 1/4, Sec. 32, T1S., R32E., M.D.B. & M. The disposal site receives less than one ton per day. The site is unattended. Salvage operations are conducted. Types of wastes received at the site include:
 - a. Household, Commercial
 - b. Bulky metal-autos, appliances
2. Design and operation of this facility are as specified by the Report of Disposal Site Information dated April 14, 1978; that which pertains to the period immediately prior to August 15, 1977 is hereby made a part of this finding. There are no proposed significant changes in design or operation.
3. Land within 1,000 feet of the site is zoned general purpose
4. This facility's design and operation are currently in substantial compliance with State Minimum Standards as determined by physical inspection made on May 18, 1978 except that they violate Section 17638. The conditions of this permit establish an appropriate schedule for compliance with those sections.
5. This permit is consistent with the Mono County Solid Waste Management Plan and with the State Minimum Standards for Solid Waste Handling and Disposal.
6. The following documents condition operation of this facility:
 - a. Rubbish Dump Permit No. 6-0253
 - b. California Regional Water Quality Control Board, Lahontan Region: Waste Discharge Requirements No. 6-72-51.

CONDITIONS:Requirements:

1. This facility must comply with the State Minimum Standards for Solid Waste Handling and Disposal.
2. This facility must comply with all federal, state, and local requirements and enactments.
3. Additional information concerning the design and operation of this facility must be furnished upon request of the enforcement agency.

Prohibitions:

The following actions are prohibited at the facility:

1. Disposal of hazardous wastes.
2. Disposal of septic tank pumpings.

Specifications:

No significant change in design or operation from that described in Items #1 and #2 of the Findings Section is allowed, except for those changes which are required under the "CONDITIONS" portion of this permit.

Provisions:

1. The following provisions must be met:

- a. A special occurrence log book shall be maintained by the District Road Supervisor responsible for maintaining the site.
- b. The Solid Waste Facility Permit Application and accompanying data are made a part of this permit.
- c. The following additional information shall be submitted to the enforcement agency:
 1. Remaining capacity of site
 2. Typical trench dimensions
 3. Final site elevations
 4. Structural organizational chart

2. This permit is subject to review by the enforcement agency, and may be suspended, revoked, or modified at any time for sufficient cause.

Self Monitoring Program:

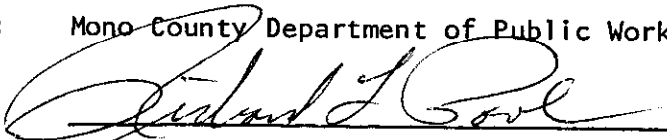
The following items shall be monitored by the operator of this facility or his agent. Records including but not limited to these items shall be kept and made available to the enforcement agency upon request:

As required by the California Regional Water Quality Control Board-Lahontan Region, Board Order No. 6-72-51 Monitoring Program.

This permit is granted solely to the operator named above, and is not transferable. Upon a change of operator, this permit is subject to revocation. Upon a significant change in design or operation from that described in this permit or in attachments thereto for the existing design and operation of a facility operating immediately prior to August 15, 1977, or from the approved intended design and operation of a facility which was not operating prior to August 15, 1977, or which herein is granted a permit modification, this permit is subject to revocation, suspension, modification or other appropriate action.

This permit does not authorize the operation of any facility contrary to the State Minimum Standards for Solid Waste Handling and Disposal. This permit cannot be considered as permission to violate existing laws, ordinances, regulations, or statutes of other government agencies.

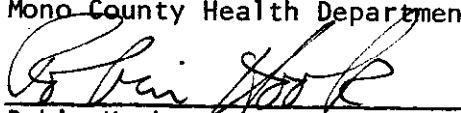
Approved by: Mono County Department of Public Works



Richard L. Pool
Director of Public Works

6/14/78
Date

Approved by: Mono County Health Department



Robin Hook
Sanitarian

6/14/78
Date

SOLID WASTE FACILITIES PERMIT APPLICATION

CWMBS 1-77 (Rev. 1/85)

ENFORCEMENT AGENCY

Mono County Health Department

COUNTY

Mono County

TYPE OF APPLICATION

- ☐ 1. NEW SOLID WASTE FACILITY PERMIT ☐ 2. REVISION OF PERMIT ☒ 3. PERMIT REVIEW
☐ 4. MODIFICATION OF PERMIT ☐ 5. EXEMPTION FROM PERMIT ☐ 6. FACILITY CLOSURE
☐ 7. AMENDMENT OF APPLICATION

FOR ENFORCEMENT AGENCY USE ONLY

FILE NUMBER (PERMIT NUMBER)

DATE RECEIVED

FILING FEE

DATE ACCEPTED

RECEIPT NUMBER

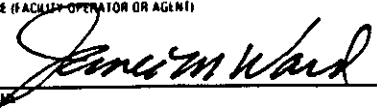
DATE REJECTED

CO SWMP REFERENCE PAGE(S)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the enforcement agency. See instructions on back for completing this application.

I. GENERAL DESCRIPTION OF FACILITY	NAME OF FACILITY Benton Landfill 26-AA-0006																		
	LOCATION OF FACILITY (GIVE ADDRESS OR LOCATION. ALSO INCLUDE LEGAL DESCRIPTION BY SECTION, TOWNSHIP, RANGE, BASE AND MERIDIAN IF SURVEYED OR PROJECTED) NW 1/4, NW 1/4, SW 1/4, of Sec 32, T1S., R. 32E., MDB& M																		
	TYPE OF FACILITY <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> TRANSFER STATION <input type="checkbox"/> RESOURCE RECOVERY FACILITY <input type="checkbox"/> SUMP <input type="checkbox"/> COMPOSTING <input type="checkbox"/> LAND SPREADING																		
TYPE OF WASTES TO BE RECEIVED <table border="0"><tr><td><input type="checkbox"/> AGRICULTURAL</td><td><input checked="" type="checkbox"/> CONSTRUCTION/DEMOLITION</td><td><input type="checkbox"/> LIQUIDS (INCLUDES SEPTAGE)</td></tr><tr><td><input type="checkbox"/> ASBESTOS</td><td><input type="checkbox"/> DEAD ANIMALS</td><td><input checked="" type="checkbox"/> MIXED MUNICIPAL</td></tr><tr><td><input type="checkbox"/> ASH</td><td><input type="checkbox"/> INDUSTRIAL</td><td><input type="checkbox"/> SEWAGE SLUDGE</td></tr><tr><td><input type="checkbox"/> AUTO SHREDDER</td><td><input type="checkbox"/> INFECTIOUS</td><td><input type="checkbox"/> TIRES</td></tr><tr><td></td><td></td><td><input type="checkbox"/> WOOD MILL</td></tr></table>					<input type="checkbox"/> AGRICULTURAL	<input checked="" type="checkbox"/> CONSTRUCTION/DEMOLITION	<input type="checkbox"/> LIQUIDS (INCLUDES SEPTAGE)	<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> DEAD ANIMALS	<input checked="" type="checkbox"/> MIXED MUNICIPAL	<input type="checkbox"/> ASH	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> SEWAGE SLUDGE	<input type="checkbox"/> AUTO SHREDDER	<input type="checkbox"/> INFECTIOUS	<input type="checkbox"/> TIRES			<input type="checkbox"/> WOOD MILL
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<input type="checkbox"/> AUTO SHREDDER	<input type="checkbox"/> INFECTIOUS	<input type="checkbox"/> TIRES																	
		<input type="checkbox"/> WOOD MILL																	
II. FACILITY INFORMATION	OPERATION <input checked="" type="checkbox"/> COMMENCED <input type="checkbox"/> WILL COMMENCE	EFFECTIVE DATE	PROPOSED CHANGE (CHECK APPLICABLE BOXES) <input type="checkbox"/> DESIGN <input type="checkbox"/> OPERATION <input checked="" type="checkbox"/> NO CHANGE	EFFECTIVE DATE															
AVERAGE ANNUAL LOADING (TPY) 220 PEAK DAILY LOADING (TPD) 0.60 t/day FACILITY SIZE (A) 10 Ac EXPECTED CLOSURE YEAR 2030																			
III. OPERATOR INFORMATION <small>For land disposal, if operator is different from land owner, attach lease or franchise agreement</small>	OWNER OF LAND (NAME) Bureau of Land Management		ADDRESS Bishop, CA	TELEPHONE NUMBER (619) 872-4881															
	FACILITY OPERATOR (NAME) Mono County		ADDRESS P.O. Box 457, Bridgeport, CA 93517																
	ADDRESS WHERE LEGAL NOTICE MAY BE SERVED P.O. Box 457, Bridgeport, CA 93517		TELEPHONE NUMBER (619) 932-7911																

I hereby acknowledge that I have read this application and the Report of Station or Disposal Site Information, and certify that the information given is true and accurate to the best of my knowledge and belief. In operating the solid waste facility, I agree to comply with the conditions of the permit and with federal, state and local enactments.

SIGNATURE (LAND OWNER OR AGENT)		SIGNATURE (FACILITY OPERATOR OR AGENT) 	
TYPED NAME		TYPED NAME James M. Ward	
TITLE	DATE	TITLE Public Works Director	DATE 8-27-90

IV. LIST OF ATTACHMENTS (CHECK THOSE APPLICABLE)

- | | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> REPORT OF FACILITY INFORMATION (REQUIRED) | <input type="checkbox"/> ENVIRONMENTAL REVIEW REPORTS | <input checked="" type="checkbox"/> CLOSURE PLAN |
| <input checked="" type="checkbox"/> PERIODIC SITE REVIEW | <input checked="" type="checkbox"/> WASTE DISCHARGE REQUIREMENTS | <input type="checkbox"/> OTHER REGULATORY AGENCY PERMITS |
| <input type="checkbox"/> LOCAL USE/PLANNING PERMITS (REQUIRED) | <input type="checkbox"/> SWAT | <input type="checkbox"/> OTHER |